MEDCAH, INC. P.O. BOX 1187

KAILUA, HI 96734 (808) 266-2020

TOLL FREE (888) 663-3224

June 24, 2016

MARYANN N SIVONGXAY

WAIANAE HI 96792

Per your request, attached is a list of all outstanding accounts as well as the itemized statements for each. The last account listed has had a claim filed to workcomp per their request. It is pending a payment or response.

Please contact our office directly to arrange payment for the rest of the accounts.

Interest accrues daily on all accounts to extent allowed by law.

If you have any questions, please contact our collection department.

Kristi Russell MEDCAH, INC.

THIS IS AN ATTEMPT TO COLLECT A DEBT.

ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

COR1-TG

MEDCAH, INC.

MAILING ADDRESS
PO BOX 1187
KAILUA, HI 96734
(808) 266-2020
TOLL FREE (888) 663-3224

HILO OFFICE (808) 935-4535

June 24, 2016

MARYANN N SIVONGXAY VONE SIVONGXAY WAIANAE HI 96792

COLLECTOR:

ACCOUNT LEDGER

THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS LEDGER IS PROVIDED IN ADDITION TO OUR PREVIOUS NOTICES REGARDING THE FOLLOWING DEBTS:

Creditor	Assigned Amt	Int. Owing	Fees	Tot Amt Paid	Total Owing
WAIANAE COAST COMP HEALTH CT Client Reference #: 1036 Last Charge Date: 05-17-12 Last Payment Date: MEDCAH Account #: 2266698	\$78.16 5	\$27.97	\$0.00	(\$0.00)	\$106.13
OCEANIC TIME WARNER CABLE Client Reference #: Last Charge Date: 06-07-11 Last Payment Date: 06-07-11 MEDCAH Account #:	\$474.70	\$228.50	\$0.00	(\$0.00)	\$703.20
THE RADIOLOGY GROUP Client Reference #: Last Charge Date: 01-15-13 Last Payment Date: 02-26-13 MEDCAH Account # 3244	\$17.80 701	\$5.33	\$0.00	(\$0.00)	\$23.13
OCEANIC TIME WARNER CABLE Client Reference #: Last Charge Date: 08-27-13 Last Payment Date: 08-27-13 MEDCAH Account # 8388	\$403.10	\$107.12	\$0.00	(\$0.00)	\$510.22
PACIFIC RADIOLOGY GROUP, INC Client Reference # 76 Last Charge Date: 08-02-13	\$62.03 EXF	\$15.26	\$0.00 DUR	(\$0.00)	\$77.29

Case 1:16-cv-00415-DKW-k	(SC Docume	ent 28-4 File 385	d 07/05/17 I	Page 3 of 34	PageID #:
THE RADIOLOGY GROUP Client Reference #: 2701 Last Charge Date: 08-16-13 Last Payment Date: 09-17-13 MEDCAH Account # 5011	\$6.23	\$1.48	\$0.00	(\$0.00)	\$7.71
PACIFIC RADIOLOGY GROUP, INC Client Reference # 7601 Last Charge Date: 09-14-13 Last Payment Date: 12-26-13 MEDCAH Account # 6180	\$11.96	\$2.83	\$0.00	(\$0.00)	\$14.79
CARDIOLOGY ASSOCIATES INC Client Reference # 3764 Last Charge Date: 12-21-13 Last Payment Date: MEDCAH Account 7124	\$99.51	\$18.24	\$0.00	(\$0.00)	\$117.75
WAIANAE COAST COMP HEALTH CT Client Reference # 1771 Last Charge Date: 11-13-13 Last Payment Date: MEDCAH Account # 3941	\$2.48	\$0.29	\$0.00	(\$0.00)	\$2.77
WAIANAE COAST COMP HEALTH CT Client Reference # 6325 Last Charge Date: 12-16-13 Last Payment Date: MEDCAH Account # 3945	\$3.03	\$0.36	\$0.00	(\$0.00)	\$3.39
WAIANAE COAST COMP HEALTH CT Client Reference # 6318 Last Charge Date: 12-16-13 Last Payment Date: MEDCAH Account # 3944	\$5.16	\$0.60	\$0.00	(\$0.00)	\$5.76
WAIANAE COAST COMP HEALTH CT Client Reference 0780 Last Charge Date: 11-13-13 Last Payment Date: MEDCAH Account # 3939	\$5.52	\$0.65	\$0.00	(\$0.00)	\$6.17
WAIANAE COAST COMP HEALTH CT Client Reference 9006 Last Charge Date: 04-10-14 Last Payment Date: MEDCAH Account \$ 3950	\$5.64	\$0.66	\$0.00	(\$0.00)	\$6.30
WAIANAE COAST COMP HEALTH CT Client Reference # 2477 Last Charge Date: 09-09-14 Last Payment Date: MEDCAH Account # 3953	\$7.93	\$0.93	\$0.00	(\$0.00)	\$8.86
WAIANAE COAST COMP HEALTH CT Client Reference # 6295 Last Charge Date: 12-16-13 Last Payment Date: MEDCAH Account # 3943	\$8.47	\$0.99	\$0.00	(\$0.00)	\$9.46
WAIANAE COAST COMP HEALTH CT Client Reference # 7445 Last Charge Date: 04-08-14	\$8.73 EXH I	\$1.02	\$0.00 UR	(\$0.00)	\$9.75

Case 1:16-cv-00415-DKW-KS	SC Documer		07/05/17 Pag	e 4 of 34	PageID #:
WAIANAE COAST COMP HEALTH CT Client Reference # 2469 'Last Charge Date: 09-09-14 Last Payment Date: MEDCAH Account: 3952	\$8.99	386 \$1.05	\$0.00	(\$0.00)	\$10.04
WAIANAE COAST COMP HEALTH CT Client Reference # 8921 Last Charge Date: 08-03-13 Last Payment Date: MEDCAH Account # 3937	\$11.15	\$1.31	\$0.00	(\$0.00)	\$12.46
WAIANAE COAST COMP HEALTH CT Client Reference # 043 Last Charge Date: 03-05-14 Last Payment Date: MEDCAH Account # 3946	\$12.19	\$1.43	\$0.00	(\$0.00)	\$13.62
WAIANAE COAST COMP HEALTH CT Client Reference # 1286 Last Charge Date: 04-08-14 Last Payment Date: MEDCAH Account # 3947	\$13.30	\$1.56	\$0.00	(\$0.00)	\$14.86
WAIANAE COAST COMP HEALTH CT Client Reference: 5832 Last Charge Date: 09-09-14 Last Payment Date: MEDCAH Account # 3951	\$13.30	\$1.56	\$0.00	(\$0.00)	\$14.86
WAIANAE COAST COMP HEALTH CT Client Reference 0146 Last Charge Date: 12-16-13 Last Payment Date: MEDCAH Account # 3942	\$13.30	\$1.56	\$0.00	(\$0.00)	\$14.86
WAIANAE COAST COMP HEALTH CT Client Reference # 5693 Last Charge Date: 04-10-14 Last Payment Date: MEDCAH Account # 3948	\$13.93	\$1.63	\$0.00	(\$0.00)	\$15.56
WAIANAE COAST COMP HEALTH CT Client Reference 6101 Last Charge Date: 08-03-13 Last Payment Date: MEDCAH Account 3938	\$21.16	\$2.48	\$0.00	(\$0.00)	\$23.64
PACIFIC RADIOLOGY GROUP, INC Client Reference 7601 Last Charge Date: 04-14-15 Last Payment Date: 05-15-15 MEDCAH Account # 0848	\$11.25	\$0.63	\$0.00	(\$0.00)	\$11.88
WAIANAE COAST COMP HEALTH CT Client Reference # 1973 Last Charge Date: 09-29-15 Last Payment Date: MEDCAH Account # 2246	\$21.49	\$0.18	\$0.00	(\$0.00)	\$21.67
WAIANAE COAST COMP HEALTH CT	\$192.37	\$1.58	\$0.00	(\$0.00)	\$193.95

Client Reference Last Charge Date: 10-09-15

This account is pending a response from workcomp EXHIBIT FOUR

ACCOUNT	NO.	1	08-9	1-08- NO. 0649	-9 Maryar 382	nn Sivongxay.txt RRN 9381 STS 1 MAT 1
NAME SI ADDR	VONGXA	Y	MARY	YANN	TV FM C	V HPFCNSDTAPCLFESTBHGT FTX A MA 097
APT	PH	999-9	999 (RD 1999–999 PC	2 0 2 9 STRD	2 00000000000000000000 SRV F DWL S1 T 2/24/10 CYC 2 CMP 871
ZIP			TAP C			
POSTED	FRO	и то	DTI I	BTIL /ADZ	D.111.171.10	
DATE	DATI		BILL CODE	BILL/ADJ AMOUNT	RUNNING BALANCE	BILL DESCRIPTION
2/24/10	0 0224	1 0408	3 AT6	.10	.10	
2/24/1	0 0224			111.29	111.39	9 Splash Pak
2/24/10 2/24/10	0000 0000			2.74	114.13	
2/24/10	0000			.68 5.41	114.81 120.22	L Cable Franchise Fee L State General Excise Tax
3/13/10	0409			77.90	198.12	Splash Pak (Savings: \$17.85)
3/13/10 3/13/10	0401			.02-	198.10	ADJ: FCC User Fee
3/13/10				1.65 .41	199.75 200.16	
3/13/10	0409			3.77	203.93	Cable Franchise Fee State General Excise Tax
4/17/10	0509			77.90	281.83	Splash Pak (Savings: \$17.85)
4/17/10 4/17/10) 0509) 0509			1.65	283.48	Cable Franchise Fee
4/17/10	0509			.41 3.77	283.89 287.66	Cable Franchise Fee State General Excise Tax
5/15/10	0609			77.90	365.56	Splash Pak (Savings: \$17.85)
5/15/10				7.00	365.56 372.56	Administrative Fee
5/15/10 5/15/10				.33 1.65	372.89	State General Excise Tax
5/15/10	0609			.41	374.54 374.95	Cable Franchise Fee Cable Franchise Fee
5/15/10	0609	0708		3.77	378.72	State General Excise Tax
6/06/10	0000		PF	203.93-	174.79	FIRST D 699/00000/0000
6/12/10 6/12/10	0709 0000	0808 0000	AT7	77.90 7.00	252.69 259.69	Splash Pak (Savings: \$17.85) Administrative Fee
6/12/10	0709	0808	717	.33	260.02	State General Excise Tax
6/12/10		0808		1.65	261.67	Cable Franchise Fee
6/12/10 6/12/10		0808 0808		.41	262.08	Cable Franchise Fee
7/17/10	0809	0908		3.77 77.90	265.85 343.75	State General Excise Tax Splash Pak (Savings: \$17.85)
7/17/10	0000	0000	AT7	7.00	350.75	Administrative Fee
7/17/10 7/17/10	0809	0908		.33	351.08	State General Excise Tax
7/17/10	0809 0809	0908 0908		1.65 .41	352.73 353.14	Cable Franchise Fee Cable Franchise Fee
7/17/10	0809	0908		3.77	356.91	State General Excise Tax
7/19/10	0000	0000	ΡJ	180.00-	176.91	PAYMENT 532/993634/0000
8/14/10 8/14/10	0909 0000	1008 0000	AT7	77.90 7.00	254.81 261.81	Splash Pak (Savings: \$17.85)
8/14/10	0909	1008	AI7	.33	262.14	Administrative Fee State General Excise Tax
8/14/10	0909	1008		1.65	263.79	Cable Franchise Fee
8/14/10 8/14/10	0909 0909	1008 1008		.41 3.77	264.20	Cable Franchise Fee
8/19/10	0000	0000	PF	180.00÷	267.97 87.97	State General Excise Tax FIRST D 699/000000/0000
9/11/10	1009	1108	• •	77.90	165.87	Splash Pak (Savings: \$17.85)
9/11/10 9/11/10	1009	1108		1.65	167.52	Cable Franchise Fee
9/11/10	1009 1009	1108 1108		.41 3.77	167.93 171.70	Cable Franchise Fee State General Excise Tax
10/16/10	1109	1208		77.90	249.60	Splash Pak (Savings: \$17.85)
10/16/10	0000	0000	AT7	7.00	256.60	Administrative Fee
10/16/10 10/16/10	1109 1109	1208 1208		.33 1.65	256.93 258.58	State General Excise Tax Cable Franchise Fee
10/16/10	1109	1208		.41	258.99	Cable Franchise Fee
10/16/10	1109	1208		3.77	262.76	State General Excise Tax
10/21/10 11/13/10	0000 1209	0000 0108	PJ	200.00-	62.76	PAYMENT 559/092036/0000
11/13/10	1021	0000	AF	77.90 17.00	140.66 157.66	Splash Pak (Savings: \$17.85) Release Charge
11/13/10	1209	0108	- ••	.68	158.34	Cable Franchise Fee
					Page 1	

				1_08_0	Manyane	Civanavay tyt
11/13/10	1209	0108		.83	159.17	n Sivongxay.txt State General Excise Tax
11/13/10	1209	0108		1.65	160.82	
11/13/10	1209	0108		.41	161.23	Cable Franchise Fee
11/13/10		0108		3.77	165.00	State General Excise Tax
12/18/10	0109	0208		77.90	242.90	Splash Pak (Savings: \$17.85)
12/18/10	0000	0000	AT7	7.00	249.90	Administrative Fee
12/18/10	0109	0208		.33	250.23	State General Excise Tax
12/18/10	0109	0208		1.65	251.88	Cable Franchise Fee
12/18/10	0109	0208		.41	252.29	
12/18/10	0109	0208		3.77	256.06	State General Excise Tax
1/15/11	0209	0308		77.90	333.96	Splash Pak (Savings: \$17.85)
1/15/11	0000	0000	AT7	7.00	340.96	Administrative Fee
1/15/11	0209	0308		.33	341.29	State General Excise Tax
1/15/11	0209	0308		1.65	342.94	Cable Franchise Fee
1/15/11	0209	0308		. 41	343.35	Cable Franchise Fee
1/15/11	0209	0308		3.77	347.12	State General Excise Tax
2/01/11	0201	0308	ANC	98.67-	248.45	Splash Pak
2/01/11	0201	0000	AW6	110.00	358.45	Modem
2/01/11	0000	0000		2.09-	356.36	Cable Franchise Fee
2/01/11	0000	0000		.52-	355.84	Cable Franchise Fee
2/01/11	0000	0000		.41	356.25	State General Excise Tax
2/10/11	0000	0000	PJ	241.07-	115.18	PAYMENT 529/210898/0000
2/11/11 2/11/11	0211	0408	AG8	152.85	268.03	Splash Pak
2/11/11	0211	0000	AK	18.00	286.03	Connection Charge
2/11/11	0211 0000	0000	AW6	110.00-	176.03	Modem
2/11/11	0000	0000		4.08	180.11	Cable Franchise Fee
2/11/11	0000	0000		1.02	181.13	Cable Franchise Fee
3/12/11	0409	0508		3.11	184.24	State General Excise Tax
3/12/11	0409	0508		80.75 1.77	264.99	Splash Pak (Savings: \$19.00)
3/12/11	0409	0508		.44	266.76	Cable Franchise Fee
3/12/11	0409	0508		3.91	267.20 271.11	Cable Franchise Fee
4/16/11	0509	0608		80.75	351.86	State General Excise Tax Splash Pak (Savings: \$19.00)
4/16/11	0509	0608		1.77	353.63	Cable Franchise Fee
4/16/11	0509	0608		.44	354.07	Cable Franchise Fee
4/16/11	0509	0608		3.91	357.98	State General Excise Tax
5/14/11	0609	0708		80.75	438.73	Splash Pak (Savings: \$19.00)
5/14/11	0000	0000	AT7	7.00	445.73	Administrative Fee
5/14/11	0609	0708		.33	446.06	State General Excise Tax
5/14/11	0609	0708		1.77	447.83	Cable Franchise Fee
5/14/11	0609	0708		. 44	448.27	Cable Franchise Fee
5/14/11	0609	0708		3.91	452.18	State General Excise Tax
6/07/11	0607	0708	AG8	86.13-	366.05	Splash Pak
6/07/11	0607	0000	AW6	110.00	476.05	Modem
6/07/11	0000	0000		1.89-	474.16	Cable Franchise Fee
6/07/11	0000	0000		.47-	473.69	Cable Franchise Fee
6/07/11	0000	0000		1.01	474.70	State General Excise Tax

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THE RADIOLOGY GROUP, INC 94-800 UKEE STREET #303 WAIPAHU, HI 96797-4044

808 454-5200

TRG 1320427

06/16/16

VONE SIVONGXAY
WAIANAE, HI 96792

THE RADIOLOGY GROUP, INC 94-800 UKEE STREET #303 WAIPAHU, HI 96797-4044

0427

PREVIOUS BALANCE

1/15/13 1					25.22
1/18/13 2					46.82
1/21/13		888		GENERAL EXCISE TAX	1.19
1/23/13		888		GENERAL EXCISE TAX	2.21
2/20/13		922		HMA PAYMENT	37.46-
2/20/13	HMA PAYMENT		01/18/13		
2/26/13		922		HMA PAYMENT	20.18-
2/26/13	HMA PAYMENT		01/15/13	99577	
2/20/13		•••	, _,	BALANCE DUE	17.80

THIS BILL IS FOR THE PROFESSIONAL READING OF YOUR X-RAYS TAKEN. YOUR PROMPT PAYMENT WILL BE GREATLY APPRECIATED.

THE RADIOLOGY GROUP, INC 94-800 UKEE STREET #303 WAIPAHU, HI 96797-4044

808 454-5200

LOCATION OF SVC: KAPIOLANI MEDICAL CENTE

ACCOUNT NO. NAME SIVONGXA ADDR APT PH ZIP	Y	2-8 MARY C TAP D	NO45	31 TV FM CV	Sivongxay,txt RRN# 1530 STS 1 MAT 1 HPFCNSDTAPCLFESTBHGT FTX A MA 097 000000000000000000000 SRV F DWL S1 8/04/12 CYC 2 CMP 876 8/04/12 ACH C BILLTO-0
ADDR PH	M TO DATE 4 1008 0 0000 0 0000 0 0000 9 1108 9 1108 9 1108 9 1208 1208 9	C TAP D	PH	1 0 1 STRDT	00000000000000000000 SRV F DWL S1 8/04/12 CYC 2 CMP 876 8/04/12 ACH C BILLTO-0 BILL DESCRIPTION Splash Pak Cable Franchise Fee Cable Franchise Fee State General Excise Tax Splash Pak (Savings: \$12.80) Cable Franchise Fee Cable Franchise Fee State General Excise Tax PAYMENT 588/846985/0000 Splash Pak (Savings: \$12.80) Internet Modem Lease Cable Franchise Fee Cable Franchise Fee Cable Franchise Fee State General Excise Tax
3/16/13 0409 3/16/13 0409 3/21/13 0000	0508 0508 0000	PY	.54 4.67 105.00-	313.04 317.71 212.71 Page 1	Cable Franchise Fee State General Excise Tax PAYMENT : CREDIT CARD

4/11/13	0000	0000	PY	5-02-8 101.56-	Mary Ann	Sivongxay.txt
4/13/13	0509			91.95	111.15 203.10	
4/13/13	0509			.56	203.10	Splash Pak (Savings: \$16.30)
4/13/13	0509			3.95	207.61	Olelo Capital Funding Internet Modem Lease
4/13/13	0509	0608		2.15	209.76	Cable Franchise Fee
4/13/13	0509	0608		.54	210.30	Cable Franchise Fee
4/13/13	0509	0608		4.67	214.97	State General Excise Tax
5/11/13	0609	0708		91.95	306.92	Splash Pak (Savings: \$16.30)
5/11/13	0609	0708		.56	307.48	Olelo Capital Funding
5/11/13	0609	0708		3.95	311.43	Internet Modem Lease
5/11/13	0000	0000	AT7	7.00	318.43	Administrative Fee
5/11/13	0609	0708		.33	318.76	State General Excise Tax
5/11/13	0609	0708		2.15	320.91	Cable Franchise Fee
5/11/13	0609	0708		. 54	321.45	Cable Franchise Fee
5/11/13	0609	0708		4.67	326.12	State General Excise Tax
5/30/13	0000	0000	PΥ	214.97-	111.15	PAYMENT : CREDIT CARD
6/15/13	0709	0808		91.95	203.10	Splash Pak (Savings: \$16.30)
6/15/13	0709	0808		. 56	203.66	Olelo Capital Funding
6/15/13	0709	0808		3.95	207.61	Internet Modem Lease
6/15/13	0000	0000	AF	18.00	225.61	Release Charge
6/15/13	0709	0808		.72	226.33	Cable Franchise Fee
6/15/13	0709	0808		.88	227.21	State General Excise Tax
6/15/13 6/15/13	0709	0808		2.15	229.36	Cable Franchise Fee
$\frac{6}{15}$	0709 0709	0808 0808		.54	229.90	Cable Franchise Fee
7/13/13	0809	0908		4.67 91.95	234.57	State General Excise Tax
7/13/13	0809	0908		.56	326.52	Splash Pak (Savings: \$16.30)
7/13/13	0809	0908		3.95	327.08 331.03	Olelo Capital Funding
7/13/13	0000	0000	AT7	7.00	338.03	Internet Modem Lease Administrative Fee
7/13/13	0809	0908	~''	.33	338.36	State General Excise Tax
7/13/13	0809	0908		2.15	340.51	Cable Franchise Fee
7/13/13	0809	0908		.54	341.05	Cable Franchise Fee
7/13/13	0809	0908		4.67	345.72	State General Excise Tax
8/17/13	0909	1008		91.95	437.67	Splash Pak (Savings: \$16.30)
8/17/13	0909	1008		.56	438.23	Olelo Capital Funding
8/17/13	0909	1008		3.95	442.18	Internet Modem Lease
8/17/13	0000	0000	AT7	7.00	449.18	Administrative Fee
8/17/13	0909	1008		.33	449.51	State General Excise Tax
8/17/13	0909	1008		2.15	451.66	Cable Franchise Fee
8/17/13	0909	1008		. 54	452.20	Cable Franchise Fee
8/17/13	0909	1008		4.67	456.87	State General Excise Tax
8/27/13	0827	1008	AL\$	8.39-	448.48	CRE: Internet Modem Lease
8/27/13	0827	1008	A\$6	128.73-	319.75	Splash Pak
8/27/13	0827	1008	A(3	.78-	318.97	Olelo Capital Funding
8/27/13	0827	0000	AW6	90.00	408.97	Modem
8/27/13	0000	0000		2.76-	406.21	Cable Franchise Fee
8/27/13	0000	0000		.69-	405.52	Cable Franchise Fee
8/27/13	0000	0000		2.42-	403.10	State General Excise Tax

Page 2

PACIFIC RADIOLOGY GRP INC 321 N KUAKINI ST #405 HONOLULU, HI 96817-2321

808 522-0190 TAX ID AS A COURTESY WE FILED A CLAIM TO YOUR INSURANCE. PAYMENT SHOULD COME DIRECTLY TO US. HOWEVER, IF YOU RECEIVE PAYMENT, PLEASE FORWARD IT TO US.

ACCOUNT NO. 76-01

STATEMENT DATE 06/16/16

MARYANN N SIVONGXAY

WAIANAE, HI 96792

		·			
		DR#			
DATE	PATIENT	at rf	DESC	RIPTION	ICD10 AMOUNT
~~~~~					
08/02/13	MARYANN				28.00
08/04/13	MARYANN	_			174.00
08/04/13	MARYANN	_			170.50
08/21/13	MARYANN				90.00
08/21/13	MARYANN	4			60.00
09/05/13	MARYANN		213	INDUKANCE CARRIER PA	155.58-
09/05/13	MARYANN		813	INSURANCE ADJUSTMENT	150.02-
09/05/13	MARYANN		913	INSURANCE CARRIER PA	12.66-
09/05/13	MARYANN		813	INSURANCE ADJUSTMENT	12.17-
09/13/13	MARYANN		913	INSURANCE CARRIER PA	47,85-
09/13/13	MARYANN		813	INSURANCE ADJUSTMENT	30.19-
09/13/13	MARYANN		913	INSURANCE CARRIER PA	31.98-
09/13/13	MARYANN		813	INSURANCE ADJUSTMENT	20.02-
				TOTAL CUI	<b>RRENT</b> 62.03

THE RADIOLOGY GROUP, INC 94-800 UKEE STREET #303 WAIPAHU, HI 96797-4044

808 454-5200 0427

06/16/16

VONE SIVONGXAY
WAIANAE, HI 96792

THE RADIOLOGY GROUP, INC 94-800 UKEE STREET #303 WAIPAHU, HI 96797-4044

TRG 0427

8/16/13		25.22
8/21/13	888 GENERAL EXCISE TAX	1.19
9/17/13	922 HMA PAYMENT	20.18-
9/17/13	HMA PAYMENT RCVD FOR 08/16/13 3088	20110
	BALANCE DUE	6.23

THIS BILL IS FOR THE PROFESSIONAL READING OF YOUR X-RAYS TAKEN. YOUR PROMPT PAYMENT WILL BE GREATLY APPRECIATED.

THE RADIOLOGY GROUP, INC 94-800 UKEE STREET #303 WAIPAHU, HI 96797-4044

808 454-5200

LOCATION OF SVC: KAPIOLANI MEDICAL CENTE

## **EXHIBIT FOUR**

PACIFIC RADIOLOGY GRP INC 321 N KUAKINI ST #405 HONOLULU, HI 96817-2321

808 522-0190 TAX I 7698

76-01

AS A COURTESY WE FILED A CLAIM TO YOUR INSURANCE. PAYMENT SHOULD COME DIRECTLY TO US. HOWEVER, IF YOU RECEIVE PAYMENT, PLEASE FORWARD IT TO US.

STATEMENT DATE 06/16/16

MARYANN N STUONCYAY

WAIANAE, HI 96792

ACCOUNT NO.

DATE	PATIENT	DR# AT RF	DESCRI	PTION		ICD10	AMOUNT
09/14/13 10/19/13 10/19/13	MARYANN MARYANN MARYANN		913 813		CARRIER PA ADJUSTMENT		90.00 47.85- 30.19-
					TOTAL CU	RRKNT	11.96

Cardiology Associates Inc 1329 Lusitana Street Suite 409 Honolulu, HI 96813-2422

#### RETURN SERVICE REQUESTED

Maryann Sivongxay

Waianae, HI 96792

FOR BILLING INQUIRIES:

(808) 521-8211

ADDRESSEE

MasterCard VISA [ AMERICAN EXPRESS MASTERCARD V15A CARD NUMBER SECURITY CODE SIGNATURE EXP. DATE PAY THIS AMOUNT ACCOUNT # STATEMENT DATE 18764 6/2/2014 \$99.51 AMOUNT Page 1 of 2 **ENCLOSED** 

REMIT TO

STATE TO B

Cardiology Associates Inc 1329 Lusitana Street Suite 409 Honolulu, HI 96813-2422 (808) 521-8211

### STATEMENT

 $\ensuremath{\mathsf{J}}$  Please check box if address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

200					ENTERNY COLUMN	MEDICAL GEO	Zirialia.
·/.113	Previous Balance		HEOVE	DER CHARG		E MARKET	DAMAGE
						\$0.00	\$0.0
3/05/2013	Maryann Sivongxay Office: POB						
4/16/2013	Land to the second seco		22.0	\$23	0.37		
4/16/2013					-\$99.37		
4/10/2013	HMA Adjustment/HMA  ** Subtotal		1	-	-\$114.76	1	
2/28/2013						\$0.00	\$16.2
5/15/2013				\$7	5.13	. 1	
5/15/2013				- =	-\$20.91	1 1	
2/13/2013	** Subtotal		1		-\$50.81	1	42
3/05/2013			i	***	4.24	\$0.00	\$3.4
9/09/2013			1	29	Production of the control of the con	. 1	
9/09/2013					-\$69.42 -\$13.48	1 1	
5,05,2015	** Subtotal				-\$13.46	- 1	444 -
8/01/2013	Finance Charge		D.		0.50	\$0.00	\$11.3
0,01,2015	** Subtotal			■'   →	0.30	\$0.00	\$0.5
9/03/2013	Finance Charge				0.50	\$0.00	\$0.5
.,,	** Subtotal		3,	_   ,	0.50	\$0.00	\$0.5
	** Total for Maryann Sivongxa	v				\$0.00	\$31.9
ĺ	,	2 33				70.00	451.5
0/08/2013				£7!	5.13		
1/20/2013	HMA Payment/HMA/CK			7/.	-\$20.91		
1/20/2013	HMA Adjustment/HMA		1	1	-\$50.81		
	** Subtotal		1		-\$50.81	\$0.00	+2 4
0/08/2013	Subtotal			494	1.24	\$0.00	\$3.4
	Cash			75	-\$11.00		
, 50, 2515	All and a second				\$11.00		
OTAL BA	ALANCE \$99.51	INSURANCE	BALANCE	\$0.00	PATIENT BA	LANCE S	99.51
1ESSAGE		added to past due					
nance Char	rge at 1.5% or 50 cents minimum						
nance Char	ge at 1.5% or 50 cents minimum NE 30, 2014 CE*** Action by collection agency						
nance Char JE BY: JUN NAL NOTIC	NE 30, 2014 CE*** Action by collection agency	may be taken	521-8211				
nance Char UE BY: JUN NAL NOTIC MC 98-107	NE 30, 2014 CE*** Action by collection agency 79 Moanalua Rd Suite 200 Aiea, H	may be taken	521-8211 <b>61-90 Days</b>		91-120 Days	121+ 1	Davs
nance Char JE BY: JUN NAL NOTIC 4C 98-107	NE 30, 2014 CE*** Action by collection agency 79 Moanalua Rd Suite 200 Aiea, Hourent 31-	may be taken			<b>91-120 Days</b> \$62.30	121+ i \$35.7	

# PageID #:

MESSAGE			40.00	FAILENI DALANI	<u> </u>	3.31
TOTAL BA	ALANCE \$99.51	INSURANCE BALANCE	\$0.00	PATIENT BALANG	OF 40	9.51
	** Total for Maryann Sivongxay				\$0.00	\$63.77
, , , , , , , ,	** Subtotal				\$0.00	\$1.47
6/02/2014	** Subtotal Finance Charge		\$1.47		\$0.00	\$41.59
2/05/2014	HMA Adjustment/HMA		=	-\$805.51		
2/21/2013 2/05/2014	HMA Payment/HMA/CK		\$1,101.49	-\$254.39		
	** Subtotal			-\$138.66	\$0.00	\$17.3
2/05/2014	HMA Payment/HMA/CK HMA Adjustment/HMA			-\$105.82	- 1	
2/17/2013	** Subtotal		\$261.78	227	\$0.00	\$3.4
2/05/2014	HMA Adjustment/HMA			-\$50.81	40.05	10 1
2/11/2013	HMA Payment/HMA/CK		\$75.13	\$20.91		
2/11/2013	2 / 1		475.13			
	** Total for Maryann Sivongxay				\$0.00	\$3.7
01/15/2014	HMA Adjustment/HMA  ** Subtotal			-\$13.48	\$0.00	\$0.3
01/15/2014				-\$69.42		
DANE.	DESCRIPTION	PRO	CHAPEL CHAPELS	ADJUSTMENTS	ALANGE	BAVANCE
1			FILASE DETACH		EULEVIOL	AND DESCRIPTIONS
Please che has change	eck box if address is incorrect or insu ed. Indicate change(s) on reverse s	rance information		AND RETURN TOP POR	TION WITH N	OUR PAYME
		STATE	MENT			
				08) 521-8211		
	Waianae, HI 96792			ite 409 Inolulu, HI 96813-2	422	
			13	29 Lusitana Street		
,	Maryann Sivongxay	SEE		REMIT rdiology Associates		
,	ADDRES	2773 (2703)			Landar Land	The same contact of the sa
			Page 2 of 2	AMOUNT ENCLOSED	\$	
FOR BIL	LING INQUIRIES: (808) 5	21-8211	STATEMENT DATE 6/2/2014	ACCOUNT # 8764		IS AMOUNT
RETUR	N SERVICE REQUESTED		SIGNATURE		EXP. D	ATE
	, HI 96813-2422		CARD NUMBER			ITY CODE
1329 Lusi Suite 409	itana Street		MASTERCARD DISC	OVER VISA	□ I	ICAN EXPRESS
^ardiolog	y Associates Inc		10110	Y CREDIT CARD, CON HECK CARD USING FOR PA	5(63)	
	MAKE CHECK PAYABI	LE TO	TE DAYING B	V CREDIT CARD, CON	APLETE SEC	TION
	MAKE CHECK PAYABI	LE TO	TE DAYING R	Y CREDIT CARD, COM	APLETE SEC	TION

# POB 1329 Lusitana St Suite 409 Honolulu, HI 96813-2412

(808) 521-8211

Current 61-90 Days 31-60 Days 91-120 Days \$0.00 \$0.00 \$1.47 \$62.30 PAY THIS AMOUNT: \$99.51 ACCOUNT # 8764

121+ Days

\$35.74

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT AMERICAN EXPRESS MASTERCARD VISA VIS CARD NUMBER AMOUNT SIGNATURE EXP. DATE ACCOUNT NBR STATEMENT DATE PAY THIS AMOUNT 06/20/16 4494 \$2.48 SHOW AMOUNT \$ PAID HERE

ADDRESSEE:

bladaladdaablablabladddha SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse REMIT TO:

Idaallalaalldaaddallaadllalala Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROV	IDER SI	ERVICE	DESCRIPTION OF SERVICE	AMOUNT
11/13/13	SIVONGXAY, MARY.				ent: Insurance	\$23.33 -\$9.93
12/13/13 12/13/13				Fee A	dj: Insurance	-\$10.92
						Samuel of the state of
		45504357		i e		
	4 - 1			er jarot same		
		t sit				
				. *** <b>.</b>		
1. 10						
6						
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	4494	\$23.33	-\$9.93	-\$10.92	\$0.00	\$2.48

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me and learn responsible for the unpa balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:01:20 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

			-	OUT BELOW
CHE  AMERICAN EXPRES	S CARE	USING	FOR PA	YMENT MASTERCARD VISA VISA
CARD NUMBER			CVV	AMOUNT
SIGNATURE				EXP. DATE
STATEMENT DATE	PAY	THIS A	MOUNT	ACCOUNT NBR
06/20/16	\$3	3.03		4494
L			OW AM	<b>A</b>

ADDRESSEE:

SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse REMIT TO:

ldadlaladldaaddallaadldalda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVID	DER SE	ERVICE	DESCRIPTION OF SERVICE		AMOUNT
01/03/14	SIVONGXAY, MARY			Payme	nt: Insurance		\$24.71 -\$12.10 -\$9.58
01/03/14				ree Au	j: Insurance		-99.30
				100			
						<b>建建</b>	
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALAN	CE DUE FROM PATIENT
	4494	\$24.71	-\$12.10	-\$9.58	\$0.00		\$3.03

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by meaning the total amount will be mailed to me and fam responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE** Printed by lavcox (632) on 6/20/2016 5:01:43 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT AMERICAN EXPRESS MASTERCARD VISA VISA AMOUNT CARD NUMBER CVV SIGNATURE EXP. DATE ACCOUNT NBR STATEMENT DATE PAY THIS AMOUNT 06/20/16 \$5.16 4494 SHOW AMOUNT \$ PAID HERE

ADDRESSEE:

Idaalladaallidaadalladdaaladalllaa SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse

REMIT TO:

ldadladadldaaldallaalldalda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROV	IDER SI	ERVICE	DESCRIPTION OF SERVICE	AMOUNT
12/16/13 01/03/14	SIVONGXAY, MARY			Payme	nt: Insurance	\$37.06 -\$20.66
01/03/14				Fee Ad	j: Insurance	-\$11.24
Established State						
	Page 1					
	on All Indian St. Court					
	r <b>i</b> katok 11. maj	Vije versije				
				7.		
And the state						
24/7						
				THE PROPERTY OF THE PROPERTY OF		THE STATE OF THE PROPERTY OF T
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	1494	\$37.06	-\$20.66	-\$11.24	\$0.00	\$5.16

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me and lam responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE** Printed by lavcox (632) on 6/20/2016 5:01:58 PM



Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT MASTERCARD VISA VISA AMERICAN EXPRESS CARD NUMBER CVV AMOUNT EXP. DATE SIGNATURE STATEMENT DATE PAY THIS AMOUNT ACCOUNT NBR 06/20/16 4494 \$5.52 SHOW AMOUNT PAID HERE

ADDRESSEE:

ldodlaloddaaddaddadallo SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side. REMIT TO:

Idodhdaddaddadhadladda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT
	SIVONGXAY, MARY		'	es com transfer	\$15.10
1/13/13 1/13/13	SIVONGXAY MARY SIVONGXAY MARY	COLAND PORTUGUES CONTROL COLONISTICO EN ENCONTROL COLONISTICO CO			\$1.7.16 \$10.29
2/13/13	OIVONGAAT, MAIXT			Payment: Insurance	-\$8.62
2/13/13			AND THE POST OF THE PARTY OF TH	Payment: Insurance	-\$9.56
2/13/13				Payment: Insurance	-\$3.90
2/13/13 2/13/13	The second second second second			ee Adj: Insurance	-\$4.32 -\$5,21
2/13/13				ee Adj: Insurance ee Adj: Insurance	-\$5.42
					¥0.12
		CONTRACTOR	Security Department of the security		
			<b>6.4.8.8.16.16.16.16.16.16.16.16.16.16.16.16.16.</b>		a de la comunicación de la descripción de la comunicación de la comuni
Madalangarangan Tugan Noorthologia	STATE OF THE PARTY OF THE PARTY OF THE PARTY.				
				PERSONAL PROPERTY AND A POST	
			Control Action		
and a second	LUMBONS BURGET V MORE TO	an alternativamento est ababatea artista del	transferrence de la colonia de colon	and the second s	
				The service of the services	
				Name of the second	
-1-2-2					
AC	COUNT NBR	CHARGES PAYME	NTS REFUN	DS/ ENTS ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	4494	\$42.55 -\$22.	08 -\$14.9	5 \$0.00	\$5.52

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by mention this gate. In case of a discrepancy, a new statement showing the total amount will be mailed to meand fam responsible for the unpa balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:02:25 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

ADDRESSEE:

ldadlaladdaaddaladdaddaa SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

		T CARD, FILL	
		ISING FOR PA	YMENT
AMERICAN EXPRES	SS		MASTERCARD VISA VIS
CARD NUMBER			AMOUNT
SIGNATURE			EXP. DATE
STATEMENT DATE	PAY TH	IS AMOUNT	ACCOUNT NBR
06/20/16 \$5		34	1494
		SHOW AMO	

REMIT TO:

Mallaladdaaldadlaallaalda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

**ESTIMATION OF CHARGES** 

DATE	PATIENT NAME	, ppc	VIDER	SERVICE	Propinsion	
	SIVONGXAY, MARY		VIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT
)4/10/14	SIVONGXAY MARY					\$17.16 \$25.39
5/05/14 5/05/14		CONTRACTOR OF THE PARTY OF THE		Payr	nent: Insurance	-\$9.56
5/05/14		Reflection .		Payr	nent: Insurance	-\$13.00
5/05/14				Fee	Adj: Insurance Adj: Insurance	-\$5.21 -\$9.14
SEESE AT						
			CONTRACTOR DE LA CONTRA			
		Ref. R. W.			to the state of th	
			LESS HANDS AND STREET			
160046			(see a least of the least of th		THE STATE OF THE S	
CONTRACTOR AND A	THE REPORT OF THE PERSON OF	他的不完全的自己的		<b>新班牌的社会公共</b>		
SHOW A		Section 1	a Section of the Control			Esperatives and the second
Finence Processor			MATERIA MATERIA DE LA COMPOSITA	WAYNOR TENEDERS		
	renemal delinguation and below the second			CHANGE THE SECOND		
ACC	OUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	494	\$42.55	-\$22.56	-\$14.35	\$0.00	\$5.64

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by medical and the this is only an estimate on this date. In case of a discrepancy, a new statement showing the total amount will be mailed to medical term responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE** Printed by lavcox (632) on 6/20/2016 5:02:46 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING	BY CRE	DIT CA	RD, FILL	OUT BELOW	
CHE	ECK CARE	USING	FOR PA	YMENT	1127
AMERICAN EXPRES	S			MASTERCARD	VISA VISA
CARD NUMBER			cw	AMOUNT	
SIGNATURE	•		-	EXP. DAT	E
STATEMENT DATE	PAY	THIS AN	TNUON	ACC	OUNT NBR
06/20/16	\$7	7.93		4	494
			OW AM	•	

ADDRESSEE:

Idealladadhlaaddhaldadaldha SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse

REMIT TO:

Idaalla laallidaadda llaadlidadda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVIDE	ER SI	ERVICE	DESCRIPTION (	OF SERVICE	AMO	DUNT
	SIVONGXAY, MARY SIVONGXAY, MARY							37.06 26.77
10/20/14 10/20/14				Payn Payn	ent: Insurance ent: Insurance			20.66 11.09
10/20/14 10/20/14				Fee	Adj: Insurance Adj: Insurance		-\$	11.24 12.91
10/20/14				F <b>GC</b>	idj. Ilisurance			12.91
					1.0			
		B. Brahley and Tell			entrant to the second			
38-12. Ja								
The said								
			<b>的复数形式</b>					
								S. S
	40.1							
								ilia.
F9 - 23							Section 1985	
AC	COUNT NBR C	HARGES F	PAYMENTS	REFUNDS/ ADJUSTMENT	ESTIMATED BAL FROM INSU	ANCE DUE	BALANCE DUE PATIENT	FROM
	1494	\$63.83	-\$31.75	-\$24.15	\$0.00		\$7.93	

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by manager on this dates. In case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid. balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:03:09 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT MASTERCARD VISA VISA AMOUNT CARD NUMBER EXP. DATE SIGNATURE PAY THIS AMOUNT ACCOUNT NBR STATEMENT DATE 06/20/16 \$8.47 4494 SHOW AMOUNT PAID HERE

ADDRESSEE:

hladlaladdanldladdaladdla SIVONGXAY, MARYANN N 87 225 HOLOMALIA PL WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side. REMIT TO:

[.]...[[...[...[...].]...[...].]....[[....].].... Waianae Coast Comp Health Center 86 260 Farrington Hwy Wajanae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVI	DER   SI	ERVICE	DESCRIPTION OF SERVICE	AMOUNT
	SIVONGXAY, MARY SIVONGXAY, MARY	ig .				\$25.39 \$10.29
12/16/13	SIVONGXAY, MARY					\$10.72
12/16/13	SIVONGXAY, MARY	A S				\$17.16
	SIVONGXAY, MARY	llec			1900	\$13.04
01/03/14				Payn	ent: Insurance	-\$13.00
01/03/14	for the supplementation of the supplementation of	response to vision property and	Blook Kildhildiga kildahar	Payn	ent: Insurance	-\$3.90
01/03/14		AND THE CASE		Payn	ent Insurance	-\$2,60
01/03/14 01/03/14				Payn	ent: Insurance ent: Insurance	-\$9.56 -\$4.83
01/03/14				Fag /	dj: Insurance	-\$4.05 -\$9.14
01/03/14					dj: Insurance	-\$5,42
01/03/14			的复数人名英格兰人	Fee A	dj: Insurance	-\$7.47
01/03/14				Fee A	dj: Insurance	-\$5.21
01/03/14		TOTAL PROPERTY OF THE PROPERTY OF THE PARTY	THE RESERVE OF A COURSE OF THE STREET	Fee A	dj: Insurance	-\$7.00
POINT CONTRACTOR				S CHARLEST AND A		
<b>BURNING</b>						
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENT	S ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	4494	\$76.60	-\$33.89	-\$34.24	\$0.00	\$8.47

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by management on this date. In case of a discrepancy, a new statement showing the total amount will be mailed to me and fam responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE** Printed by lavcox (632) on 6/20/2016 5:03:31 PM

#### Case 1:16-cv-00415-DKW-KSC Document 28-4 Filed 07/05/17 Page 22 of 34 PageID #: 404

MAKE CHECKS PAYABLE TO:

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING	BY CREDIT C	ARD, FILL	OUT BELOW
CHE  AMERICAN EXPRES	ECK CARD USIN		YMENT  MASTERCARD  VISA  VISA  VISA
CARD NUMBER		CVV	AMOUNT
SIGNATURE			EXP. DATE
STATEMENT DATE	PAY THIS	AMOUNT	ACCOUNT NBR
06/20/16	\$8.73		4494
	100	HOW AMO	

ADDRESSEE:

Idaallahadhlaaddhalalaladallaa SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse

REMIT TO:

Idaalladaalldaaddallaadlalladala Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

					DESCRIPTION OF SERVICE	AMOUNT
DATE	PATIENT NAME	PROVI	DER   SE	ERVICE	DESCRIPTION OF SERVICE	\$17.16
	SIVONGXAY, MARY SIVONGXAY, MARY				English	\$25.39
	SIVONGXAY, MARY					\$10.29
	SIVONGXAY, MARY					\$20.59
05/05/14		AUTORISMO SIN PARCINITANIAN	SENSOR PROPERTY OF STREET	Pay	yment: Insurance	-\$9.56
05/05/14			建物性系统	Pa	yment: Insurance	-\$13.00
05/05/14	Profes of the Garage Control of Village Control	Bar Carlos Traves Folk 1 124719	7.554.756.558.55.55.65.65.84.65.	Pay	yment: Insurance	-\$3.90
05/05/14				Pa	yment: Insurance e Adj: Insurance	-\$8.46 -\$5.21
05/05/14 05/05/14		K SEEDELAND OF SHIRE			Adj. Insurance	-\$5.21 -\$9.14
05/05/14					e Adj: Insurance	-\$5.42
05/05/14				Fee	e Adj; Insurance	-\$10.01
		1.624		in the second		
100						
en a Nother						
				15 k   1		
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNDS ADJUSTMEN	S/ ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	4494	\$73.43	-\$34.92	-\$29.78	\$0.00	\$8.73

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by me HISTAMORATION this date. In balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:04:07 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT AMERICAN EXPRESS MASTERCARD VISA VISA AMOUNT CARD NUMBER CVV EXP. DATE SIGNATURE ACCOUNT NBR STATEMENT DATE PAY THIS AMOUNT 06/20/16 \$8.99 1494 SHOW AMOUNT \$ PAID HERE

ADDRESSEE:

Ideallaladhlanddhlaldadaldla SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side. REMIT TO:

Lilanlladaaddaaddaadlaaddaadda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

							-	
DATE	PATIENT NAME	PROV	IDER S	ERVICE		DESCRIPTION OF SERVICE		AMOUNT
	SIVONGXAY, MARY	Name of the Control o		tions in the Property and the best in the	California in communica	and the second state of the second se	CONTRACTOR AND ADMINISTRATION OF THE PARTY O	\$17.16
09/09/14	SIVONGXAY, MARY							\$10.29
09/09/14	SIVONGXAY, MARY SIVONGXAY, MARY	56				5-39-7-2	T 15 (15 (15 (15 (15 (15 (15 (15 (15 (15	\$18.53 \$24.71
10/20/14	SIVONGAAT, WART	Accessor of the second		WANTED TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	Payment	: Insurance	<b>绝思言的原则</b> 是20	-\$9.56
10/20/14		rita de la companya della companya della companya de la companya della companya d				: Insurance	Water and the second	-\$3.90
10/20/14	WARREST DOUGLE CONTINUES HAVE AND REPORTED FOR	NAMES OF STREET OF STREET, STR	PER TERROLIS SET STANDED TO	F	ayment	: Insurance	Andrew Stellagers, per	-\$10.41
10/20/14				on a P	ayment	Insurance		-\$12.10
10/20/14	WORKS STATE OF THE PURCHA			F September 1	ee Adj:	Insurance	(artikulananan esite	-\$5.21 -\$5.42
10/20/14						Insurance Insurance		-\$5.52
10/20/14						Insurance		-\$9.58
STREET, STREET, STREET,							ediabetronen zen eta	
						Earlie State and Table 1		
74515256			All Section 1	SARMAN AND	Sex Age of		Managara da	an e-tales of 500
STATES OF THE PARTY OF				<b>加斯罗斯特别</b>		A STATE OF THE STA	MAR NELL ARRIVATION	organism market and a second
			· 数据 14.65 (	and market				
30-70000000000000000000000		AMERICAN PROPERTY.	NEWSCHOOL OF SERVICE	NO MERCHANISMENT IN A	Aleccentrics		HINE STATISTICS OF STATISTICS	HALFI CHO CARDON DE COMO ATRICO
	<b>"我们就你去我们会</b> "。							
				THE RESIDENCE OF THE PARTY OF T	er en race a			
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNI ADJUSTM	DS/ ENTS	ESTIMATED BALANCE DUE FROM INSURANCE		E DUE FROM ATIENT
	4494	\$70.69	-\$35.97	-\$25.7	3	\$0.00	\$	88.99

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by metal amount will be mailed to metal amount and the total amount will be mailed to metal amount amount will be mailed to metal amount amount will be mailed to metal amount will be metalled to metall amount will be metalled to metalle balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:04:34 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING	IF PAYING BY CREDIT CARD, FIL						
	CHECK CARD USING FOR F						
CARD NUMBER	=	cvv	AMOUNT				
SIGNATURE			EXP. DATE				
STATEMENT DATE	PAY TH	IS AMOUNT	ACCOUNT NBR				
06/20/16	\$11.	15	4494				
		SHOW AMO	<b>A</b>				

ADDRESSEE:

SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

REMIT TO:

Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVIDE	R SE	RVICE	DESCRIPTION OF SERVICE	AMOUNT
3/03/13	SIVONGXAY, MARY					\$17.16
3/03/13	SIVONGXAY, MARY				1990 B	\$18,53
3/03/13	SIVONGXAY, MARY					\$60.00
8/03/13	SIVONGXAY, MARY					\$24.71
2/21/14 2/21/14		4 March 2012 (NOVE 1999) 2 1/3 1/3			nt: Insurance	-\$9.56
2/21/14					it: Insurance it: Insurance	-\$10.41 -\$12.51
2/21/14		Other State (1997)			it: Insurance	-\$12.10
2/21/14		(Aleferica dixe)		Fee Adi	: Insurance	-\$5.21
2/21/14					Insurance	-\$5.52
2/21/14		am (4) 200 (200 (200 (200 (200 (200 (200 (200	WALL STREET, SOUSSA	Fee Adj	: Insurance	-\$44.36
2/21/14				. Fee Adj	Insurance	-\$9.58
MIN BLACKER	BAGA DEGRAPA NA METANTA NA SERVICIA METANTA					
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经制的金额						
			W 101115			endorsale en alari c
Designation Considers		THE PROPERTY OF THE PROPERTY OF THE PARTY OF	CANAL CONTRACTOR AND CONTRACTOR	APORTO DE PARES DE PROPERTO DE	CONTRACTOR MANAGEMENT CONTRACTOR OF THE CONTRACT	THE SECOND CONTRACT OF THE PARTY OF T
					· 在1000年1月1日	
EMBETH HOUSE SAME		encione cuesta del constatos	eta ya makalan kata me	o menora decimal de la compa		
				AMERICAN SERVICE		
40	COUNT NBR	CHARGES P.	AYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
AC				ADJUSTNIENTS	THOM MODIFIED	LWILLIAI

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by medical case of a discrepancy, a new statement showing the total amount will be mailed to medical am responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:04:56 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

ADDRESSEE:

hladadaldaaldahlahladda SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse

IF PAYING	G BY CREDIT	CARD, FILL	OUT BELOW
		SING FOR PA	YMENT
AMERICAN EXPRES	SS		MASTERCARD VISA
CARD NUMBER		cvv	AMOUNT
SIGNATURE			EXP. DATE
STATEMENT DATE	PAY TH	IS AMOUNT	ACCOUNT NBR
06/20/16	\$12.19		4494
		SHOW AMO	A

REMIT TO:

ldadlaladdaaldallaalldadda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

	PATIENT NAME SIVONGXAY, MARY	PROV	IDER S	ERVICE	DESCRIPTION OF SERVICE	AMOUNT \$192.99
14/02/14 14/02/14 14/02/14	SIVONGXAY MARY,			Payme Fee A	ent: Insurance ent: Insurance tj: Insurance	\$8.24 -\$102.60 -\$3.14 -\$78.99
4/02/14				Fee A	ij: Insurance	-\$4.31
(#.)	48.572) (3.57)					
		Mark L. Skins (Sk.				
<u>-</u>						
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	4494	\$201.23	-\$105.74	-\$83.30	\$0.00	\$12.19

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by me HIST MORROWS on this date of a discrepancy, a new statement showing the total amount will be mailed to me and fam responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE** Printed by lavcox (632) on 6/20/2016 5:05:27 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT AMERICAN EXPRESS MASTERCARD VISA VISA CARD NUMBER CVV AMOUNT SIGNATURE EXP. DATE STATEMENT DATE PAY THIS AMOUNT ACCOUNT NBR 1494 06/20/16 \$13.30 SHOW AMOUNT PAID HERE

ADDRESSEE:

SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse

REMIT TO:

Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

			T			
DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION	OF SERVICE	AMOUNT
04/08/14	SIVONGXAY, MARY					\$133.00
	SIVONGXAY, MARY				La	\$550.00
	SIVONGXAY, MARY				Statishical Property Control of the	\$111.53
	SIVONGXAY, MARY					\$20,00
	SIVONGXAY, MARY					\$17.48
	SIVONGXAY, MARY			Daymont: Incurence		\$15,91 -\$119.70
05/05/14 05/12/14				Payment: Insurance Payment: Insurance	DA STEMPLE AND STORE OF STREET	-\$119.70
05/12/14			是是由一种社会的人类	Payment: Insurance		\$0.00
05/12/14		THE PROPERTY OF THE PARTY OF THE		Payment: Insurance		\$0.00
05/12/14				Payment: Insurance		\$0.00
05/12/14				Payment: Insurance		\$0.00
05/12/14	DEBINATE PROPERTY	tar model a security and a second	PLESSON TO LITERATED WHEN A	Fee Adj: Insurance	CALLES CONTRACTOR EMPRESA ARTONIO	-\$120.00
05/12/14				Fee Adj: Insurance	4.466	-\$111.53
05/12/14	SHIP CONTRACTOR SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	STORY WAS A DATA OF STATE OF S		Fee Adj: Insurance		-\$20.00
05/12/14				Fee Adj: Insurance		-\$17.48
05/12/14	La code Maranas Laboral Supramerra (Seventra et mont	ni nayani litikawa wa tani Musika makani M	elimination deliment in other ways in a construction of	Fee Adj: Insurance	resistante de la companya del companya de la companya de la companya del companya de la companya	-\$15.91
AC	COUNT NBR C	CHARGES PAYN	MENTS REFUI	NDS/ ESTIMATED BA	LANCE DUE BALA	ANCE DUE FROM
	4494	\$847.92 -\$5	49.70 -\$284		Supply Ambres 2000	\$13.30

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by mention this date of a discrepancy, a new statement showing the total amount will be mailed to mention and fam responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:06:04 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT AMERICAN EXPRESS MASTERCARD VISA VIS CARD NUMBER CVV AMOUNT SIGNATURE EXP. DATE STATEMENT DATE PAY THIS AMOUNT ACCOUNT NBR 06/20/16 \$13.30 4494 SHOW AMOUNT PAID HERE

ADDRESSEE:

hladlaladdanddhilaldadaldla SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse REMIT TO:

Madaladdaaddaaddaadda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVI	IDER	SERVICE		DESCRIPTION OF SERVICE	AMOUNT
	SIVONGXAY, MARY	100.000				NAME OF THE PROPERTY OF THE PR	\$133.00
	SIVONGXAY, MARY		OF STATE OF STAMPHONE STATES	POP CHIOLOGIC PURC MARKET CO	DESCRIPTION OF THE PROPERTY OF	1.000000000000000000000000000000000000	\$550.00
	SIVONGXAY, MARY					2009/000	\$30.95
	SIVONGXAY, MARY		THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.		MARKE THE COMMAND		\$100.25
	SIVONGXAY, MARY	17753					\$20.00
	SIVONGXAY, MARY	THE STREET STREET		AAAINOISTISTIS	MER SPLET EN SE PHOENIN		\$63.64 \$5.73
	SIVONGXAY, MARY		VI-1755 WESTERSONS		Daws and	MPO Programme Company	\$5.73 -\$119.70
10/10/14						: Insurance : Insurance	-\$595.43
10/20/14	transation regions are series	(100万世的SIRE)(2000年8月2日)	e Benedik bilan kula			: Insurance	\$0,00
10/20/14	<b>对方的数据的数据的</b>		被指包的抗性的多形的			: Insurance	\$0.00
10/20/14			A PARTY PARTY OF A THE			Insurance	\$0.00
10/20/14			The second second			: Insurance	\$0.00
10/20/14						: Insurance	\$0.00
10/20/14	namental and the state of	<b>张生民的</b> 新年上来这些多次。	<b>经验证的证明</b>			Insurance	\$45.43
10/20/14						Insurance	-\$30.95
10/20/14		ACADINATION INCIDENTIAL	Character Control of		Fee Adj:	Insurance	-\$100.25
10/20/14			HE STATE OF THE STATE OF		Fee Adj:	Insurance	-\$20.00
10/20/14	AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART		O ET BONDE SCHOOL OF THE STA			Insurance	-\$63.64
10/20/14			1.0		Fee Adj:	Insurance	-\$5.73
AC	COUNT NBR	CHARGES	PAYMENTS	REFUN ADJUST	IDS/ MENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	4494	\$903.57	-\$715.13	-\$175	.14	\$0.00	\$13.30

I understand that this is only an ESTIMATE OF CHARGES for services received by mention on this data in case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unparticle. balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE** Printed by lavcox (632) on 6/20/2016 5:06:20 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT MASTERCARD VISA VISA AMERICAN EXPRESS AMOUNT CARD NUMBER CVV EXP. DATE SIGNATURE ACCOUNT NBR STATEMENT DATE PAY THIS AMOUNT 4494 06/20/16 \$13.30 SHOW AMOUNT \$ PAID HERE

ADDRESSEE:

hladladadhlaaddaladadadda SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse

REMIT TO:

Idaallaladhdaaddallaadllahla Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

	T	T					<del></del>	
DATE	PATIENT NAME	PROVI	DER S	ERVICE		DESCRIPTION OF SERVICE		AMOUNT
	SIVONGXAY, MARY							\$133.00
	SIVONGXAY, MARY,							\$550.00
2/16/13	SIVONGXAY, MARY					The state of the s	to the set of the set	\$30.95
	SIVONGXAY MARY							\$15.91
1/20/14		DESCRIPTION OF SERVICE	NOTICE FRANKS TOWNS AND	ALSO CONTINUES OF THE	Paymen	: Insurance	agovernos racedas	-\$119.70
1/20/14					Paymen	: Insurance		-\$430.00 \$0.00
1/20/14	POWER STREET, NAME AND ADDRESS OF THE POST		5.07.600.4000.6000.6000.600			: Insurance	NUMBER OF STREET	\$0.00
1/20/14					Eee Adi	: Insurance Insurance		-\$120.00
1/20/14		arediens	Ev Louis			Insurance		-\$30.95
1/20/14	Design Company to the State					Insurance		-\$15.91
								Section 2
		SCHOOL STREET,		PETERS SOME AND DESCRIPTION	CF2.89-NEWSCHCHIGH	and account of the property of		and the property of
					5,561			
e el encirco		ereke avaran en ar en	MATERIAL CONTROL OF THE SECONDARY	<b>企用的企业的证明的</b>	·			MARKET MARKET SHEPS (NO.
	X4400000000000000000000000000000000000	BORREST CONTRACTOR	2. 病病症 (1) (1) (1) (1)	EDWARD				
		STEELS WELL AND ALL					Links In the State of the State	CONTRACTOR
							Mark Mark	
			<b>实现和自己的最级的对对对对对</b>	<b>多四百岁</b> 为湖边3000	EN PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN T	SERVE SERVEN EN EN EN EN EN RESERVE EN	UMAZKA ZKALENIA	ETS TO CHANGE A CONTRACTOR
								ALC: COL
0.000.00.000.000.000.000.000.000	COLUMN TRANSPORTATION OF THE SECTION	PERSONAL PROPERTY OF A PROPERT	CONTRACTOR CONT.	DOMEST NAME OF STREET	energe per filler and a	TOTAL OFFICE A SECURITIVE ROLL OF COLUMN STREET, BREEDING CONTRACTOR	STORY AND ADDRESS OF THE SECOND OF	De Waller Colored Colored Colored
AC	COUNT NBR	CHARGES	PAYMENTS	REFUN ADJUSTN	DS/ IENTS	ESTIMATED BALANCE DUE FROM INSURANCE		DUE FROM
	4494	\$729.86	-\$549.70	-\$166.	86	\$0.00	\$1	3.30

I understand that this is only an ESTIMATE OF CHARGES for services received by mention this data on this data on the case of a discrepancy, a new statement showing the total amount will be mailed to me and Lam responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:07:07 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

ADDRESSEE:

lılı...llı.lı...l.llı.lı.lı.lı.lı.lı... SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

□ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING	G BY CR	EDIT CA	RD, FILL	OUT BELOW
		D USING	FOR PA	YMENT
AMERICAN EXPRES	S			MASTERCARD VISA VIS
CARD NUMBER			CVV	AMOUNT
SIGNATURE				EXP. DATE
STATEMENT DATE	PAY	THIS AN	TAUON	ACCOUNT NBR
06/20/16	\$1	13.93		4494
	b		OW AMO	<b>A</b>

REMIT TO:

Maianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROV	IDER	SERVICE		DESCRIPTION OF SE	RVICE	AMOUNT
	SIVONGXAY, MARY							\$120.00
	SIVONGXAY MARY							\$550.00 \$111.53
4/10/14	SIVONGXAY MARY	TERRITORIO JAMES P. DEGLITORI BEREVERO	FUICEHNTURM WESTMENDISCHTEN	O AND BUTCH STREET, THE STREET, STREET	nation in the state		- 4	\$24.70 \$36.97
	SIVONGXAY MARY						255543850	\$50.97 \$6.00
4/10/14	SIVONGXAY, MARY						and the second section of the section o	\$42.31
4/10/14 4/10/14	SIVONGXAY, MARY							\$42.61 \$15.91
5/05/14						ntansurance salar salar		-\$95.64
5/05/14			amedical Property	STREET, AND THE OR STREET, AND ADDRESS OF THE	*****************	nt: Insurance	SENSON MENSORS WILLIAMS	-\$13.20
5/12/14 5/12/14			A PER SELECTION			ituinsurance ht: Insurance		-\$430,00 \$0.00
5/12/14						it: Insurance		\$0.00
5/12/14	TO THE REPORT OF THE PARTY OF T	STATE OF STA		Marie William Committee Co		it: Insurance	STATE AND THE PROPERTY OF THE PROPERTY OF	\$0.00
5/12/14 3 5/12/14						t: Insurance t: Insurance		\$0,00 \$0,00
5/12/14		<b>一种是别</b> 。				t: Insurance		\$0.00
5/05/14		e sine who and constant offer is		THE R. P. LEWIS CO., LANSING, LANSING, MICH.		: Insurance		-\$13.73
5/05/14 5/12/14	retide temple de la					Insurance Insurance		-\$26.11 -\$120.00
5/12/14						Insurance -		-\$111.53
5/12/14	SATE OF THE SAME O		ADD POSTA POSTA			Insurance	CHICPONION CHIP ACKENINI HIN	-\$24.70
5/12/14 5/12/14			Service :	F	ee Adj:	Insurance Insurance		\$36.97 -\$6.00
/12/14						Insurance		-\$42,31
5/12/14				F	ee Adj:	Insurance		-\$15.91
ACC	OUNT NBR C	HARGES	PAYMENTS	REFUNI ADJUSTM	DS/ ENTS	ESTIMATED BALANCE FROM INSURANCE		ICE DUE FROM PATIENT
	4494	\$950.03	-\$538.84	-\$397.2	26	\$0.00		\$13.93

MESSAGE:

I understand that this is only an ESTIMATE OF CHARGES for services received by managed that this is only an ESTIMATE OF CHARGES for services received by managed to metand that this is only an extra this date of a discrepancy, a new statement showing the total amount will be mailed to metand that the company of the compa

** PAYMENT DUE UPON RECEIPT * THANK YOU **
ENCOUNTER INVOICE

Printed by lavcox (632) on 6/20/2016 5:07:33 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT MASTERCARD VISA VISA AMERICAN EXPRESS CARD NUMBER AMOUNT EXP. DATE SIGNATURE STATEMENT DATE PAY THIS AMOUNT ACCOUNT NBR 4494 06/20/16 \$21.16 SHOW AMOUNT PAID HERE

ADDRESSEE:

Idealladadhianddhiladaniaddhi SIVONGXAY, MARYANN N

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse REMIT TO:

Idadhdaddanddallaadladda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT
8/03/13 SI	IVONGXAY, MARY				\$168.38
2/21/14			Pa	yment; Insurance	-\$84.64
2/01/14			ZV	oid Charge	-\$192.99
2/01/14				old Charge	\$192,99
2/01/14		1012 N. C. S.	ZV	old Charge	-\$30.95 \$30.95
2/01/14 2/01/14			2\ 7\	oid Charge oid Charge	-\$5.73
2/01/14			ZV	old Charge	\$5.73
2/01/14			2	oid Charge	-\$5.00
2/01/14				oid Charge	\$5,00
/01/14			ZV	oid Charge	\$0.00
2/01/14				old Charge	\$0.00
2/21/14		Subministra Assertant Decision Control	Fe	e Adj: Insurance	-\$62.58
ENGRICA COMPANY					
<b>2000年</b>		<b>并然是自由的</b>			A MARKET CHARACTER CONTRACTOR AND AND AND ADDRESS.
经规则指示规定			Latinatus kalausiseetsi kiri	DIVING SANGTAN AND AND AND AND AND AND AND AND AND A	CAST THE PASSES AND ADDRESS OF THE PASSES OF
	的技术和政治和自然的政治的政治的政治的政治和政治的政治			Sugar Conditions in the	estable at his settle on
	Will Company to the second				
		Party in an act about the property of the party of		I I I I I I I I I I I I I I I I I I I	
	OUNT AIDD	HADOES DAYMI	ENTS REFUND	S/ ESTIMATED BALANCE DUE	BALANCE DUE FROM
ACC	OUNT NBR CI	HARGES PAYMI	ENTS REFUND	S/ NTS ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by managed and the statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE** Printed by lavcox (632) on 6/20/2016 5:07:56 PM

PACIFIC RADIOLOGY GRP INC 321 N KUAKINI ST #405 HONOLULU, HI 96817-2321

808 522-0190 TAX ID 7698

ACCOUNT NO. 76-01

AS A COURTESY WE FILED A CLAIM TO YOUR INSURANCE. PAYMENT SHOULD COME DIRECTLY TO US. HOWEVER, IF YOU RECEIVE PAYMENT, PLEASE FORWARD IT TO US.

STATEMENT DATE 06/16/16

MARYANN N SIVONGXAY

WAIANAE, HI 96792

DATE	PATIENT	DR# AT RF	DESCRIPTION	IC	<b>D</b> 10	TRUOMA
04/14/15	MARYANN					60.00
04/14/15	MARYANN					10.00
05/15/15	MARYANN			CARRIER PA		44.97-
05/15/15	MARYANN		813 INSURANCE	ADJUSTMENT		13.78-
	•					
				TOTAL CURRE	NT	11.25

**EXHIBIT FOUR** 

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

ADDRESSEE:

ldadlaladdanddaddadaddla SIVONGXAY, VONE

WAIANAE, HI 96792-8720 USA

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING	BY CRE	DIT CAR	D, FILL	OUT BELOW	
CHE AMERICAN EXPRES	ECK CARD	USING		YMENT   D   MASTERCARD	VISA VISA
CARD NUMBER			CVV	AMOUNT	
SIGNATURE				EXP. DAT	E
STATEMENT DATE	PAY THIS AMOU		OUNT	ACCOUNT NB	
06/20/16	06/20/16 \$21.49		3976		976
			OW AMO		

REMIT TO:

Liladialadaaaliladaaallilalala Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	E AMOUNT
	SIVONGXAY, VONE				\$192.99
09/29/15 09/29/15	SIVONGXAY, VONE SIVONGXAY, VONE				\$42.61 \$46.41
11/11/15				Payment: Insurance	-\$109.41
11/11/15 11/11/15		er en		Payment: Insurance Payment: Insurance	-\$13.20 -\$24.11
11/11/15		a seepas (12 90 decido altino).	F	ee Adj: Insurance	-\$71.42
11/11/15				ee Adj. Insurance	-\$26.11
11/11/15				ee Adj: Insurance	-\$16.27
*****					
					and the second of the second
Harmon Pallen			SUBLES VALUE OF THE ALL SHAPE WHILE THE ST	2000年1月1日 11日 11日 11日 11日 11日 11日 11日 11日 11日	
AC	COUNT NBR C	CHARGES PAYMEN	NTS REFUNI	DS/ ESTIMATED BALANCE DUE FROM INSURANCE	BALANCE DUE FROM PATIENT
	3976	\$282.01 -\$146.	72 -\$113.8	\$0.00	\$21.49

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by mention this data on this data on the case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:09:44 PM

Waianae Coast Comp Health Center 86 260 Farrington Hwy

Waianae, HI 96792-3199

IF PAYING BY CREDIT CARD, FILL OUT BELOW CHECK CARD USING FOR PAYMENT MASTERCARD VISA VISA AMERICAN EXPRESS AMOUNT CARD NUMBER CVV EXP. DATE SIGNATURE ACCOUNT NBR STATEMENT DATE PAY THIS AMOUNT 3976 06/20/16 \$192.37 SHOW AMOUNT \$ PAID HERE

ADDRESSEE:

hladialaddanldahladahla SIVONGXAY, VONE

WAIANAE, HI 96792-8720 USA

□ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**REMIT TO:** 

ldadlaladdaaldadlaalladda Waianae Coast Comp Health Center 86 260 Farrington Hwy Waianae, HI 96792-3199

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

#### **ESTIMATION OF CHARGES**

DATE 10/09/15	PATIENT NAME SIVONGXAY, VONE	PROV	IDER SE	ERVICE	DESCRIPTION OF SERVICE		AMOUNT \$192.37	
12/21/15				Paym	enti Insurance		\$0.00	
						i state		
	113				Control of the Contro			
#								
					almentari 2001 ili 2000 ili 2 Nationale ili 2000 i			
AC	COUNT NBR	CHARGES	PAYMENTS	REFUNDS/ ADJUSTMENTS	ESTIMATED BALANCE DUE FROM INSURANCE	BALAI	NCE DUE FROM PATIENT	
	3976	\$192.37	\$0.00	\$0.00	\$0.00		\$192.37	

MESSAGE:

MESSAGE:
I understand that this is only an ESTIMATE OF CHARGES for services received by many HIST MODIFICATION on this detection case of a discrepancy, a new statement showing the total amount will be mailed to me and I am responsible for the unpaid balance.

> ** PAYMENT DUE UPON RECEIPT * THANK YOU ** **ENCOUNTER INVOICE**

Printed by lavcox (632) on 6/20/2016 5:10:02 PM

## WAIANAE COAST COMMUNITY COMPREHENSIVE HEALTH CENTER

# Medcah Ledger

Guar Num	Guar/Pt Name			Provider			
Enc num	Ref Date	Svc	Mod	lay svc descr	Amount	Batch Date	Posted
1036	SIVONGXAY	, MARYA	NN				rostet
8902							
on and the second of the second	01/27/2012		estification in the second		192.99	03/01/2013	03/01/2012
	03/12/2012	111		Payment:Commercial Insurance	-102.60	03/01/2012	03/01/2012
	03/12/2012	311		Fee Adj:Commercial Insurance	-78.99	The same of the same of	
	04/19/2012	150		Payment: Thank You	-78.99		03/28/2012
-				The second of th	11.23	00/00/2012	. 00/08/2012
7253		kulostalji krindecina Zavan	distribution and and				指数量的
	02/03/2012		promotestation		77.70	03/07/2012	03/09/2012
	02/03/2012				144.74	The second second second second second	03/09/2012
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(	04/04/2012	111	1	Payment:Commercial Insurance	-392.76	The second second second second	04/24/2012
	04/04/2012	311		ee Adj:Commercial Insurance	-137.40		04/24/2012
		1		and the first of the contract	51.69	And the second of the second	***************************************
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i o	03/16/2012		2		42.61	03/22/2012	03/27/2012
	03/16/2012				15.00	03/22/2012	The street of the second of the second of
0	04/13/2012	111	F	ayment:Commercial Insurance	-25.20	04/25/2012	Contract of the Contract of th
0	04/13/2012	311	F	ee Adj:Commercial Insurance	-26.11	04/25/2012	
W 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100				The state of the s	-6.30		
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0	7/23/2012	111	P	ayment:Commercial Insurance	-80.42	08/02/2012	The state of the s
0	7/23/2012	311	F	ee Adj:Commercial Insurance	-55.38	08/02/2012	
				and the second s	8.94	s a series and the	